

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

WILLIAM OMAR MEDINA : CIVIL ACTION

V. :

ALFRED HALLMAN, et al.

: NO. 20-2426

LEAVE TO AMENDMENT

I respectfully ask the above courts of Congress to screen these circumstances under another scope

The Prisoner Litigation Reform Act, Congress requires a Prisoner to demonstrate physical injury before he can recover for mental/emotional injury. Major Depression/Axiety

(1st.) A prisoner is one who has been convicted and sentenced to a term of incarceration.

I am a Pretrial detainee not a prisoner. All of my Constitutional rights stand and are protected by the Federal laws. I am under the presumption of innocence. My liberties and protection under the Federal law are the same as any other American in society. We are "The people" and whatever protections the Constitution gives to "The people" apply to you.

Collateral estoppel:

2.) Showing of relation, and factual is the right to be treated equal. MR Alfred Hallman sexually harassed me while at work. This report was thus reported to supervisor Rich and Office of the Chief County Detective of DA's Office. As a result Mr. Hallman abused his power and used his <sup>retaliatory</sup> <sub>claim</sub> authority in seeking revenge with a major misconduct that physically removed me from my job and degraded my character and the Administration subjected me to disciplinary action for reporting sexual abuse of threats and fear of force. This action of the Administration took visits of contact with my child for 60 days and can and will physically hold me incarcerated 60 days. +

**INSTRUCTIONS TO PRISONERS FILING AN  
APPLICATION TO PROCEED IN FORMA PAUPERIS IN A  
42 U.S.C. § 1983 CIVIL RIGHTS ACTION  
IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**NOTICES**

- In forma pauperis status does not mean that payment of the \$150 filing fee is waived. If you are granted leave to proceed in forma pauperis you will be required to pay the full \$150 fee to file your complaint, even if the complaint is dismissed prior to service. The Court will assess and collect an initial partial filing fee from your inmate account, if funds exist. The unpaid balance will be deducted from your account in installments as funds become available. Inability to pay the initial partial filing fee will not prohibit you filing a civil rights action.

- The Court may deny your Application to Proceed In Forma Pauperis if three or more of your prior complaints or appeals filed in Federal Court were dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. In that case, you will be required to pay the \$150 filing fee to commence the civil rights action.

**COMPLETING THE APPLICATION TO PROCEED IN FORMA PAUPERIS**

- The application form consists of two pages. All entries on the form must be typed or legibly handwritten.

- Show your full name as plaintiff in the caption. Also show the full names of any additional plaintiffs in the caption. Each additional plaintiff, if any, must submit a separate Application to Proceed In Forma Pauperis. The full names of all defendants must be listed in the caption. The caption of the application form should be identical to the caption of the complaint.

- All information requested in the application form must be provided. If you cannot provide all information you must provide an explanation.

- Sign and date the application and the declaration that the facts stated in the application are true and correct.

**CERTIFICATION**

- Request that a prison official complete the certification of your inmate trust fund account balances on page 2 of the application form. Secure a certified copy of the statement of your inmate trust fund account for all institutions in which you were confined for the six-month period preceding the filing of the complaint, listing all deposits and withdrawals from the account. The certified account balances and the account statement(s) must be signed and dated by a prison official, and must show the official's title.

**FILING AN APPLICATION**

- Provide the original application form and certified inmate account statement for use by the Court. Keep copies of both documents for your records.

- Mail the original complaint, application form, and certified account statement to:  
Michael E. Kunz, Clerk, U.S. District Court, Eastern District of Pennsylvania, 2609 U.S. Courthouse, 601 Market Street, Philadelphia, PA 19106-1797.

Furthermore; This incident was reported to Mental Health, and emotional distress and anxiety was so severe that psychologist had to increase symptomatology to extra looming.

The legitimate reason and proper procedure was thus taken and the Lehigh County Department is said to have zero tolerance of sexual abuse. Verbal harassment of a sexual nature, including but not limited to, derogatory or demeaning comments about a person's body is also prohibited. In regards to this: This is cruel and unusual punishment where Mr. Mette and Warden Kyle denied my claim while having evidence/witness.

"In any normal society sexual derogatory statements to another citizen will have you prosecuted and at the least removed from the job position with witnesses as proof among camera's recordings, thus given a citizen "Equal rights".

Included will be LCP Awareness Handout, courts shall consider the facts and be fair to "Equal rights" had the circumstances been upon me charges would've been imposed by the institution pressing charges; and lawsuit as well.

I have suffered mental distress and had been placed on level I, due to the circumstances to thus attempt to harm myself due to the sexual abuse of derogatory statements of Al Hallman.

If a procedure is prescribed for others in regards to terminating my employment then I should have a right to have certain conditions applied to me as well.

*V. STATEMENT OF CLAIM*

*Instructions:*

*State here as briefly as possible the facts of your case. Use plain language and do not make legal arguments or cite cases or statutes. State how each defendant violated your constitutional rights. Although you may refer to any person, make claims only against the defendants listed in the Caption, Section I. Make only claims which are factually related. Each claim should be numbered and set forth in a separate paragraph with an explanation of how the defendants were involved. Use the reverse of this page or a separate sheet of paper if you need more space.*

*Statement of Claim:*

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*VI. RELIEF*

*Instructions: Briefly state exactly what you want the Court to do for you.*

*Relief sought:*

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*VII. DECLARATION AND SIGNATURE*

*I (we) declare under penalty of perjury that the foregoing is true and correct.*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*SIGNATURE OF PLAINTIFF(S)*



## Retaliation Claim:

On October 27, 2019 Mr. Al Hallman Supervisor whom I reported sexually harassed me in front of other inmates saying "Suck My Dick". I reported it to his Supervisor Richard Talacs the above supervisor called me "Numb nuts" on a daily basis I asked Counselor Megan <sup>to remove me</sup> August 1st 2019 due to these derogatory names I was insulted on daily and no one within the job or administration did anything, However when supervisor Hallman abused his authority and wrote me up a Major misconduct it was in revenge to me reporting him to Megan and Supervisor Richard Talacs.

The Administration Doug mette and warden Kyle did nothing to put a stop to these sexual derogatory statement being apart of the Administration of C.C.P Thus denying me 'equal liberties' and denying my grievance reporting the revenge of Mr. Hallman of his wrongful actions of Abusing his authority by means of writting him up to Megan and reporting his sexual derogatory disrespect towards me. Had I reacted and said anything back or committed a violent act towards him I would had been written up or charged for those actions the same should go for him. I understand why the system fails us whenever we make it a claim with proof towards them. We are charged for the claim oppressed for the claim and still remain the same oppressed and no justice sought for us. I Pray God allow some type of justice for this man's oppression towards me, and the 'uncruel and unusual punishment' of being written up major misconduct removed from job, contact visits taken for 60 days and possibly doing 60 more days for false allegations in a misconduct in revenge for reporting Al Hallman to Administration.

William Martin

- a. Describe the administrative procedures available to resolve the issues raised in this complaint:

Type of procedure. (grievance, disciplinary review, etc.)

Authority for procedure. (DC-ADM, inmate handbook, etc.)

Formal or informal procedure.

Who conducts the initial review?

What additional review and appeals are available?

- b. Describe the administrative procedures you followed to resolve the issues raised in this complaint before filing this complaint:

On what date did you request initial review?

What action did you ask prison authorities to take?

What response did you receive to your request?

What further review did you seek and on what dates did you file the requests?

What responses did you received to your requests for further review?

- c. If you did not follow each step of the administrative procedures available to resolve the issues raised in this complaint explain why?

You will be advised of any further action and/or disposition.

The attached is for your records. It is not to be returned to the Court.

Federal Question: Where Can I report Police Excessive for

## Lehigh County Department of Corrections PREA Education and Awareness Handout

The Lehigh County Department of Corrections has zero tolerance for the sexual abuse or the sexual harassment of persons in our custody. Regardless of your age, size, race, ethnicity, sexual orientation or gender identity, staff is required to make every effort to protect you during your incarceration. In furtherance of our efforts to keep you safe, any and all sexual activity involving another person in any Department of Corrections facility is prohibited. Additionally you should immediately report to a staff member any sexual overtures/advances, attempted sexual abuses, threats, intimidation, assaults, or other actions or communications by one or more detainees aimed at coercing or pressuring you or another person to engage in a sexual act.

You also have the right to be free of any sexual abuse or sexual harassment on the part of staff, including contracted personnel. Staff is prohibited by law and by policy from engaging in sexual activity with incarcerated persons regardless of consent. Any sexual contact is prohibited, except in the context of proper searches and medical examinations. Verbal harassment of a sexual nature, including but not limited to, derogatory or demeaning comments about a person's body is also prohibited. In the rare instance you encounter such an unprofessional staff member; you are encouraged to immediately report the behavior.

Should you become a victim of a sexual abuse or harassment by other detainees or staff, or you are a witness to same, you have several options for reporting:

- ✓1. Tell any staff member at the facility you trust (medical staff, case managers, housing officers, supervisors, etc.).
- ✓2. Submit a request slip to your case manager.
- ✓3. File an informal or formal grievance if you are housed at the main jail.
- ✓4. Write a letter directly to the Facility Warden.
- ✓5. Contact directly:

Office of the Chief County Detective  
Lehigh County DA's Office  
455 West Hamilton Street  
Allentown, PA 18101

*sent info  
to this office*

Reports can be submitted anonymously if you so choose, but the more information you can provide, the easier it will be to investigate what happened. Information concerning the identity of a victim of a sexual assault, and the facts of the report itself, will be limited to those who have the need-to-know in order to make decisions concerning the victim's welfare and for law enforcement/ investigative purposes.

~~\*\*\*~~ You will not be subject to disciplinary action for reporting sexual abuse or for having participated in sexual activity as a result of force, coercion, threats, or fear of force. If you experience any form of retaliation for reporting sexual abuse or for engaging in sexual activity as a result of force or coercion, you can report it in any of the same ways that you report an incident of sexual abuse.

*I received  
a write  
up due to  
report and  
loss of job  
and visit  
w/ daughter*



## Lehigh County Department of Corrections PREA Education and Awareness Handout

If you are identified as a victim of sexual assault, you will be offered immediate protection from further harm and will be referred for medical examination and clinical assessment. If the assault occurred recently, it is important that you do not shower, wash, drink, smoke, change clothing or use the bathroom, to the extent possible, until you can be seen by a medical provider and any evidence can be collected.

You would also be entitled to medical and mental health services and ongoing care, as deemed appropriate, including testing and treatment for sexually transmitted diseases and infections, emergency contraception, and counseling services.

Once an assault is reported, the facility and/or an appropriate law enforcement agency will conduct an investigation during which you will be asked to cooperate with the investigation as well as the potential criminal prosecution.

### Avoiding Sexual Assault

Sexual assault is never the victim's fault, however knowing the warning signs and red flags can help you stay alert and aware:

1. Carry yourself in a confident manner. Many attackers choose victims who look like they would not fight back or who they think are emotionally weak.
2. Do not accept gifts or favors from others. Most gifts or favors come with special demands or limits that the giver expects you to accept.
3. Do not accept an offer from another inmate to be your protector.
4. Identify a staff member with whom you feel comfortable discussing your concerns. Report concerns!
5. Be clear, direct and firm. Do not be afraid to say "no" or "stop it now."
6. Choose your associates wisely. Look for people who are involved in positive activities like educational programs, work opportunities or rehabilitative counseling groups. Get yourself involved in these activities, if they are available.
7. Trust your instincts. Be aware of situations that make you feel uncomfortable. If it does not feel right or safe, leave the situation or seek assistance. If you fear for your safety, report your concerns immediately to staff.

(even in very small amounts) to prevent dehydration from occurring. In severe cases, opiate detox may result in you receiving intravenous fluids that can be administered to keep you hydrated to prevent further complications.

Another hazard that can occur has to do with vomiting. If the contents of the stomach are inhaled into the lungs while vomiting, this is called aspiration; there is a risk of lung infection which can cause pneumonia and other respiratory illnesses making it difficult for you to breathe. If vomit is inhaled, please notify medical immediately.

Once withdrawal has been completed the most common and significant risk is an individual's decision to return to drug use. If you have gone through withdrawal it is likely your drug tolerance will be reduced and you are at a greater risk of overdose if you resume using after release.

#### What to Expect

Opiate withdrawal isn't fun, medical intervention to assist with effective opiate withdrawal treatment can reduce or completely eliminate the symptoms making it a lot easier to effectively detox from opiates. When opiates are stopped cold-turkey, the onset of withdrawal symptoms will start within the first 12-30 hours. At first, the symptoms are usually mild and they will progressively become more pronounced until about 72 hours when most of the symptoms tend to peak. When we know an individual is likely to go through withdrawal each of our patients is given medication that should assist with decreasing the symptoms. At days 5-7 the symptoms will usually begin to taper off and you will begin to feel better. For most people opiate withdrawal lasts about 10 days—we understand the ten days may feel like a lifetime!

#### Prevention

The only real way to prevent opiate withdrawal is not to take drugs that have opiates or opiate derivatives in them. Unfortunately, these are some of the most widely prescribed drugs so it can be difficult to steer away from them, especially if you are injured or suffer from chronic pain. If you do become physically dependent on opiates such as heroin, methadone, morphine or Oxycontin, your first step to overcoming opiate addiction is to safely and effectively detox which means that you will likely feel at least some symptoms of withdrawal. If you are released prior to completing withdrawal please enroll in an opiate addiction program. Members of the facility treatment team can assist you with information on various community programs available.

Source: <http://www.opiate.com/withdrawal/>

#### PRISON RAPE ELIMINATION ACT (PREA)

Sexual harassment of inmates is prohibited. Sexual Harassment is defined as sexual advances, request for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature, by one inmate directed towards another. Sexual harassment can also include repeated verbal comments or gestures of a sexual nature to an inmate by a staff member, contractor, or volunteer, including demeaning references to gender, sexually

suggestive or derogatory comments about body or clothing, or obscene language or gestures.

If you believe you have experienced sexual harassment by staff, inmates, contractors, or individuals/groups that have business with Lawrence County Corrections, you must report it as soon as possible. You may report it to any staff member. If you submit it in writing you must include names of all parties involved, the specific details of the incident(s), date(s), time(s), or place(s) of alleged incidents and any witnesses if any. You will not be retaliated against for reporting an incident of sexual harassment or for providing witness testimony.

If you sexually harass another person (inmate, employee, visitor, contractor, volunteer, etc.) you will subject to a misconduct it may as well be a violation of law.

Sexual abuse of inmates is prohibited. Sexual abuse of an inmate by another inmate include any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse: 1) contact between the penis and the vulva or the penis and the anus, including penetration, however slight; 2) contact between the mouth and penis, vulva, or anus; 3) penetration of the anal or genital opening of another person, however slight, by hand, finger, object or other instrument. Sexual abuse of an inmate by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate: 1) contact between the penis and the vulva or the penis and the anus, including penetration, however slight; 2) contact between the mouth and the penis, vulva, or anus; 3) contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify a sexual desire; 4) penetration of the anal or genital opening, however slight, by hand, finger, object or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse or gratify sexual desire; 5) any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor or volunteer has the intent to abuse, arouse, or gratify sexual desire; 6) any attempt, threat, or request by staff member, contractor, or volunteer to engage in the activities described in the above 1) – 5) of this section; 7) any display by a staff member, contractor, or volunteer of his/her uncovered genitalia, buttocks, or breast in the presence of an inmate; and 8) voyeurism by a staff member, contractor or volunteer. This does not refer to incidental physical contact that may occur during a search of an inmate's person in accordance with Lawrence County Corrections policy.

If you are a victim of sexual abuse, you should report it to a staff member as soon as possible. All inmates, staff, contractors, and volunteers have a duty to report an incident of sexual abuse. Reports and allegations of sexual abuse will be investigated confidentially, thoroughly and promptly.

Men are sterilized with a vasectomy. During this procedure, the doctor closes off the man's vas deferens (sperm ducts) so sperm can't get through.

#### **Natural family planning**

Natural family planning requires a couple to learn when in the woman's cycle she can get pregnant (usually 4 days before and 2 days after ovulation). To prevent pregnancy, the couple must use a barrier method of birth control or not have intercourse during those days.

#### **Emergency Contraception**

Emergency contraception is a form of birth control. You can use this method if you have had unprotected sex and are worried that you might get pregnant. For example, if your regular birth control fails (the condom breaks during sex), if you forget to take your birth control pills or if you have sex without using any birth control.

There are 2 types of emergency contraception. With the first, you take special doses of birth control pills. With the other, an intrauterine device (also called an IUD) is placed in your uterus (or womb).

### **Opiate Withdrawal – Patient Education**

Opiate withdrawal describes a wide range of signs, symptoms and aftereffects associate with quitting or reducing opiate use after a prolonged period of use. When opiates such as heroin, methadone, morphine, Oxycontin or codeine are used for several weeks or longer there is a risk of dependence which can lead to withdrawal symptoms when the drug use stops or is reduced.

#### **Causes**

The most common causes of opiate withdrawal are the use of drugs for recreational purposes but there is also a high instance of opiate withdrawal that results from prescribed opiates such as prescription painkillers. When opiates are used repeatedly, the body will develop a tolerance to the drug which means that it will take more and more to produce the same effects.

When an individual stops taking opiates once physical dependence has set in or if an individual reduces the use of opiate based drugs after prolonged use the body reacts by sending signals that it "needs" more. These signals are called withdrawal symptoms. They can be mild, moderate or severe depending on various factors such as:

- Level of opiate abuse
- Amount of opiates being used previously
- Length of time the drug was used
- Type of opiates being used
- Was the drug completely stopped or reduced
- Individual lifestyle & health related factors

#### **Risk of Withdrawal – Get help for your withdrawal symptoms**

Anytime opiates are taken for a prolonged period of time there is

a risk of withdrawal. For some, taking these drugs for a couple of days can lead to a physical dependence while others can use opiates for a few weeks before the real changes within the body begin to occur and physical dependence sets in. Whenever heroin, codeine, Oxycontin, hydrocodone or other opiates are used there is going to be a risk of withdrawal symptoms occurring when the drug use stops.

**Symptoms – It is very important you report your symptoms to the Medical Team members and/or the Correctional staff.**

Early symptoms of opiate withdrawal are usually mild to moderate and may be mistakenly recognized as the flu.

During the first few days, withdrawal symptoms include:

- Anxiety
- Irritability
- Muscle spasms or achiness
- Watery eyes
- Insomnia
- Yawning
- Sweating
- Runny nose
- Feeling down

As the detoxification continues and the body continues to try to adjust to life without opiates, the withdrawal symptoms can become more severe.

Later opiate withdrawal symptoms include: (Please report to the medical team if you are experiencing any of these symptoms!!!)

- Abdominal cramps
- Diarrhea
- Loss of appetite or desire to eat
- Dilated pupils
- Goose bumps
- Fever
- Cold sweats
- Nausea/Vomiting
- Increased irritability
- Insomnia

#### **Complications & Dangers**

The majority of the time, opiate detox and the withdrawal symptoms an individual goes through are uncomfortable and difficult to cope with—but not deadly! However, there is risk for complication and there are potential dangers when it comes to opiate withdrawal symptoms. It is important to recognize the dangers and report these to a medical team member or member of the correctional staff. Withdrawal complications can and do occur. When they do there are specialized medications that can be given to assist you during this time.

One of the biggest dangers during opiate detox is related to vomiting and diarrhea that usually occurs when the withdrawal process is in full swing. Consistent diarrhea and vomiting can lead to dehydration which is a risky complication for anyone. It's important to report these symptoms and drink plenty of fluids

## CONFISCATION SHEET

Inmate Name: William MedinaInmate ID#: 7827

Print

	Item	Amount	(If individual items are released)	
			Date Returned	Officer (Print)
1	Shower cap	1		
2	Shower cap	1		
3				
4				
5	Shower cap	4		
6	Shower cap	1		
7				
8	Shower cap			
9	Shower cap			
10	Shower cap	1		
11	Shower cap	3		
12	Shower cap	2		
13	Shower cap	1		
14	Shower cap	1		
15	Shower cap	2		
16	Shower cap	2		
17	Shower cap	1		
18	Shower cap	7		
19	Shower cap	5		
20	Shower cap	4		

<u>William Medina</u> <u>suicide watch</u> Inmate Signature		On Final Return		Date
(Officer/Supervisor Print Name & Initial)				
Date	At Confiscation	Officer Signature	On Final Return	Date
Date	Secured	Supervisor Signature	Released	Date

Location of Storage 24-410Remarks for 23c



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## CONFISCATION SHEET

Inmate Name: William Melton Inmate ID#: 73276  
 Print

	Item	Amount	(If individual items are released)	
			Date Returned	Officer (Print)
1	cell card	10		
2	inmate dressing	2		
3	beef steak	7		
4	hot chocolate	4		
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Date	<u>6/1/20</u>	Inmate Signature	<u>suicide watch</u>	On Final Return	Date
(Officer/Supervisor Print Name & Initial)					
Date	<u>4/15/20</u>	Officer Signature	<u>[Signature]</u>	On Final Return	Date
Date		Supervisor Signature	<u>[Signature]</u>	Released	Date
At Confiscation		Secured			

Location of Storage 29+40

Remarks Property in 3C